



Arizona Department of Economic Security

THERAPY REQUEST LETTER

Name: _____

ID No.: _____

Dear Dr.

Your patient, referenced above, is enrolled in the Arizona Long Term Care System (ALTCS) program through the Department of Economic Security's Division of Developmental Disabilities (DES/DDD). The Individual Support Plan (ISP) process has identified a need for the therapy services indicated below:

☐ Physical therapy ☐ Speech therapy ☐ Occupational therapy

The initiation of the therapy requires a written order from the primary care physician (PCP). This order becomes part of the individual's record.

It is DES/DDD's recommendation that _____ therapy be ordered for _____ hour(s) per _____ ☐with ☐without an additional hour per month as consultation for _____ month(s).

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If you agree with the above recommendations, please sign and return this letter to me at the address below:

My phone number is _____. My FAX number is _____

PCP's signature _____ Date _____

Equal Opportunity Employer/Program

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting: (602) 542-6825.